

CLAIMS ONLY							Application Number <u>17886374</u> Filing Date	
							Applicant(s)	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	
2		/					52	
3		/					53	
4		/					54	
5		/					55	
6	/						56	
7		/					57	
8		/					58	
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44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep							Total Indep	
Total Depend							Total Depend	
Total Claims							Total Claims	

BEST AVAILABLE COPY